

D-1040 (R)

City of Detroit Income Tax
Individual Return — Resident 1999

STAMP DLN HERE

or Fiscal Year Beginning

M M D D

1999, Ending

M M D D Y Y Y Y

Social Security Number

Spouse's Social Security Number

Check here if this return is for
a deceased taxpayer

\$

First Name

MI

Last Name

Spouse's First Name

MI

Spouse's Last Name

Home Address (Number and Street or Rural Route)

City or Town

State

Zip Code

A. FILING STATUS

1

Single

2

Married Filing Jointly

B. ☐Check if you can be claimed
as a dependent on another
person's tax return.

EXEMPTIONS:

REGULAR

65 or OVER

BLIND

DEAF

DISABLED

C. YOURSELF

D. SPOUSE

E. Number of Dependent Children

List all dependents on page 2, part 4.

F. Number of Other Dependents

List all dependents on page 2, part 4.

G. TOTAL Number of Exemptions

Add lines C, D, E and F.

H. Amended return?

☒

See instructions

I. Is this amended return as a result of a federal audit?

☒

J. If Yes, enter the federal determination date

M M D D Y Y Y Y

INCOME AND ADJUSTMENTS

Dollars

Cents

1. Total Income from W-2 (work location: _____)	1	
2. Other Income (or losses) (from page 2, part 1)	2	
3. Subtotal (add lines 1 and 2)	3	
4. Deductions from Income (from page 2, part 2)	4	
5. Subtotal (line 3 less line 4)	5	
6. Exemption amount (multiply the total number of exemptions from line G by \$750.00)	6	
7. Net Income (line 5 less line 6)	7	
8. Renaissance Zone Deduction (attach Renaissance Zone Deduction Schedule)	8	
9. Total Income Subject to Tax (line 7 less line 8)	9	
10. Tax (multiply line 9 by .0295 (2.95%))	10	
11. Credit for tax paid to other cities (attach copy of other city returns)	11	
12. Total Tax (line 10 less line 11)	12	
PAYMENTS AND CREDITS		
13. Tax withheld	13	
14. 1999 estimated payments, credits and other payments (see instructions)	14	
15. Detroit tax paid for you by a partnership (from page 2, part 3)	15	
16. Total payments and credits (add lines 13 through 15)	16	
REFUND OR TAX DUE		
17. If line 16 is larger than line 12 enter amount of Overpayment	17	
18. Amount to be Refunded (if amended — see instructions)	18	
19. Amount to be Credited on 2000 Estimated Tax (if amended — see instructions)	19	
20. If line 12 is larger than line 16 enter amount to Tax Due (make check payable to: Treasurer, City of Detroit)	20	

PART 1

Other Income (or losses)

1. Interest and dividend income from federal 1040 or 1040A 1. _____
2. Distributions from tax-option corporations (Losses not deductible) 2. _____
3. Net Income (or loss) from estates and trusts (attach federal Schedule K-1, etc.) 3. _____
4. Gain (or loss) on sale or exchange of property (attach federal Schedule) 4. _____
5. Net Income (or loss) from partnership (attach federal Schedule K-1, etc.) 5. _____
6. Net Income (or loss) from business or profession (attach federal Schedule C) 6. _____
7. Net Income (loss) from Rent or Royalties (attach federal Schedule E) 7. _____
8. Miscellaneous 8. _____
9. Total Other income (or losses) here and on page 1, line 2 9. _____

PART 2

Deductions from Income:

1. Employee Business Expenses from federal 2106 (see instructions for allowable deductions and attach federal form) 1. _____
2. Moving expense from federal form 3903 (attach federal form) 2. _____
3. Individual Retirement Account (IRA) and/or Keogh retirement plan and self-employed SEP deductions (attach federal form 1040, page 1) 3. _____
4. Interest on obligations of the United States or subordinate units included on part 1, line 1 4. _____
5. Alimony (furnish recipient's name, address and Social Security Number) (attach federal form page 1) 5. _____
Name Address Social Security Number
6. Penalty for early withdrawal of savings 6. _____
7. Net operating loss carryover 7. _____
8. Other 8. _____
9. Enter total deductions from income here and on page 1, line 4 9. _____

PART 3

Detroit tax paid for you by a partnership

Name of Partnership	Federal Identification Number	Amount
1. _____	_____	_____
2. _____	_____	_____
Total (enter on page 1, line 15)		

PART 4

Enter the first name of the dependent children

Enter the names & Social Security Numbers of other dependents

Signature: (if Joint return, BOTH HUSBAND AND WIFE MUST SIGN)

Under penalty of perjury, I declare that I have examined this return (including accompanying schedules and statements) and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

_____ Taxpayer's Signature	_____ Date	_____ Occupation	() Home Phone	() Work Phone
_____ Spouse's Signature	_____ Date	_____ Occupation	() Home Phone	() Work Phone
_____ Signature of preparer other than taxpayer	_____ Date	_____ Address	_____ I.D. number	

MAILING INSTRUCTIONS: Due Date: This return is due April 30, 2000 or at the end of the fourth month after the close of your tax year.

Returns With Payments: TREASURER, CITY OF DETROIT
P.O. BOX 33530, Detroit, Michigan 48232

Refund and all others:

DETROIT CITY INCOME TAX
2 Woodward, Room B-3, Detroit, Michigan 48226